www.ezfloodinsurance.com

© FLOOD INSURANCE APPLICATION

Date Policy To Be Effective:		Date of Application:
Name of Insured:		Phone #:
Property Location:		Fax #:
Mailing Address (if different):		E-Mail :
Building Levels/ Stories:	***B***asement **C**rawl/Enclosure On **S**lab circle the foundation above-built on	circle if **C**ondo or **A**partment # of Units in the Building:
Square Footage:	Month & Year Building Was Built:	circle one: **S**ingleFamily 2-**4 F**amily Multi **R**esidential **Non Residential**

Lender Name:	Loan # :
Lender Address:	FAX # :
Is Your Lender Requiring This Coverage: ***YES*** or ***NO***	

CREDIT CARD AUTHORIZATION

(Use this form to pay your flood insurance premium by credit card. Only VISA Mastercard or American Express may be used.10/05)

Card #:			
☐ VISA	☐ MasterCard	Exp. Date:	Total Premium $_____
Name of Insured (if different from cardholder)		Cardholder Name (print as it appears on the card)	
Cardholder Phone #		Cardholder Signature	
For Company Use Only Date of Charge: Credit Card Authorization #: Policy #:		This policy is **not subject to cancellation** for reasons other than those set forth in the National Flood Insurance Program rules and regulations. In matters involving billing disputes, cancellation is not available other than billing processing error or fraud.	

Mail, check payable to Flood Insurance Agency **OR** **FAX using a credit card.**

FAX 1-714-908-3309

FLOOD INSURANCE AGENCY
10611 Lawson River Ave.
Fountain Valley, CA 92708

Phone 1-714-963-8486
License #0569448